Present
Brett M. Coldiron, MD, President
Elise A. Olsen, MD, Vice President
Mark Lebwohl, MD, President-Elect
Timothy G. Berger, MD, Vice President-Elect
Dirk M. Elston, MD, Immediate Past President
Suzanne M. Olbricht, MD, Secretary-Treasurer
Barbara M. Mathes, MD, Assistant Secretary-Treasurer
Neal D. Bhatia, MD
Robert T. Brodell, MD
Kevin D. Cooper, MD
Sheila Fallon Friedlander, MD
Alice B. Gottlieb, MD, PhD
Jane M. Grant-Kels, MD
Julie A. Hodge, MD, MPH
George J. Hruza, MD
Stephen H. Mandy, MD
Jack S. Resneck, Jr., MD
Phoebe Rich, MD
Thomas E. Rohrer, MD
Kathryn Schwarzenberger, MD
Paul A. Storrs, MD
Abel Torres, MD, JD
Robert D. Durst Jr., MD
Bethanee J. Schlosser, MD, PhD, Young Physicians Board Observer
Andreas D. Katsambas, MD, International Board Observer
Brian R. Hinds, MD, Residents/Fellows Board Observer

InComing Board Members
Kenneth J. Tomecki, MD, Incoming Vice President-Elect
Marc D. Brown, MD, Incoming Director, Class of 2019
Mark D. Kaufmann, MD, Incoming Director, Class of 2019
Janet G. Hickman, MD, Incoming Director, Class of 2019
Gary S. Wood, MD, Incoming Director, Class of 2019
Carrie A. Kovarik, MD, Incoming Director, Class of 2016
Sabrina Newman, MD, Incoming Young Physicians Board Observer

Speakers / Guests
Marta J. Van Beek, MD, MPH, Chair, Council on Government Affairs, Health Policy and Practice
Steven J. Stack, MD, President-Elect, American Medical Association
James S. Taylor, MD, Chair, Patient Safety Quality Committee & Chair, Outcomes Workgroup
Henry W. Lim, MD, Chair, Burden of Skin Workgroup
Lawrence J. Green, MD, Chair, SkinPAC
Abby Van Voorhees, MD, Physician Editor, Dermatology World
Gary Bacher, Founding Member, Healthsperien, LLC
Jeanne De Sa, Principal, Healthsperien, LLC
Candidates
Clifford Warren Lober, MD, JD
Henry W. Lim, MD
Hugh Greenway, MD
Linda Stein Gold, MD
Neil S. Sadick, MD
Brent Moody, MD
Neil Alan Fenske, MD
Kimberly J. Butterwick, MD
Seemal R. Desai, MD
David M. Pariser, MD

Staff
Elaine Weiss, JD, Executive Director and CEO
Robert M. Portman, JD, General Counsel
Sarah Tancredi, MBA, PHR, Managing Director, Administration
Nancy Ali, Sr. Director, Philanthropic Programs
Steve Debnar, Chief Financial Officer
Barbara Greenan, Sr. Director, Advocacy and Policy
Krista D. Kauper, Sr. Director, Constituent Relations & Strategic Planning
Cindy Kuhn Sr., Director, Membership Engagement
Melanie Tolley Hall, Sr. Director, Integrated, Communications
Cyndi Del Boccio, Director, Executive Office
Roseanne Fischoff, MPP, Director, Science, Quality & Practice
Shawn R. Friesen, Director, Legislative Political Grassroots Advocacy
Eric Horn, Director, Information Technology
Beth Laws, Director, Advocacy and Policy Operations
Leslie Stein-Lloyd, JD, Director, Regulatory & Payment Policy
Suzanne Lothary, MBA, Director, Marketing
Lara Lowery, Director, Creative and Publishing
Tim Moses, CMP, Director, Meetings and Conventions
Katie Domanowski, Associate Director, Publishing
Jennifer Thompson, Senior Manager, Live Education
Joan Tenut, Manager, Executive Office
CALL TO ORDER
Brett M. Coldiron, MD, President and presiding, called the meeting of the Board of Directors of the American Academy of Dermatology Association to order at 9:25 AM (PDT) on Monday, March 23, 2015.

QUORUM
Suzanne M. Olbricht, MD, Secretary-Treasurer declared that a quorum was present for the transaction of business.

ORDER OF BUSINESS/INTRODUCTORY MATTERS
Antitrust Compliance Policy, Fiduciary Obligations, and Note Taking
Dr. Coldiron referred the Board members to the printed materials regarding the AAD/A Antitrust Compliance Policy and note taking during meetings and reminded them about the importance of following their fiduciary obligations, including maintaining confidentiality and declaring conflicts of interest.

Disclosure of Conflicts of Interest and Code of Conduct
The Board members’ disclosures of potential conflicts of interest and code of conduct were circulated. Dr. Olbricht asked Board members to update their disclosures and to declare any other actual or potential conflicts of interest with respect to specific agenda items for this meeting.

Separate Order of Business
Mr. Portman reminded the Board members that they would follow the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (formerly Sturgis Code of Parliamentary Procedure) and that it is essential that the Academy follow the order of business and observe corporate formalities necessary to ensure the separateness of the two organizations.

Review and Approval of Academy Board of Directors Board Minutes, and Executive Committee Summation Report
Dr. Olbricht presented the minutes of the November 22, 2014 Board Meeting and the Executive Committee email ballot of December 11, 2014 and February 13 and March 6, 2015.

A motion was made and duly seconded to approve Board minutes of November 22, 2014 and the Executive Committee email ballots of December 11, 2014 and February 13 and March 6, 2015.

ACTION: Approved

OFFICER AND DIRECTORS REPORTS
Dr. Coldiron reminded the Board that his report, the Secretary-Treasurer’s report, the Executive Director’s report, and the Board Observers’ reports were presented during the Academy Board meeting.

American Medical Association (AMA)
Dr. Resneck introduced Dr. Steven Stack, the AMA President-elect, to the Board of Directors. Dr. Stack thanked the Board for the opportunity to attend the Annual Meeting and address the Board. He reported on the importance of the AAD/A-AMA relationship and some of the key initiatives that the groups are working on together, including Sustainable Growth Rate (SGR) reform, the proposed elimination of the Medicare 10- and 90-day global payment periods, teledermatology concept of practice. He then addressed several questions. Dr. Coldiron thanked Dr. Stack for taking the time to address the Board and attend the Annual Meeting.
SkinPAC Board Advisors
Dr. Green presented an information-only report on the SkinPAC Board of Advisors. He noted that SkinPAC received a record level of contributions in the last election cycle, but needs to do even better in the next cycle. He noted and thanked the Board for its 100% participation. He also noted that 93% of the candidates that SkinPAC supported in the mid-term elections in 2014 were victorious. He emphasized that SkinPAC contributions are based primarily on support for AADA initiatives, and less on political affiliation.

American Medical Association
Dr. Resneck referred to his written report on AMA activities that was submitted for information only.

Dermatology World Editor Report
Dr. Van Voorhees gave a verbal update on Dermatology World. She referred the Board to her written annual report. She discussed the new video roundtable, Dermatology World’s growing online presence, hot topics for 2015, and the launch of Derm World Weekly in April. Derm World Weekly will allow for more timely coverage of emergent issues and increased revenue opportunities.

A motion was made and duly seconded to approve the AADA consent reports for information only and to take the same actions for the Association as were taken by the Academy Board of Directors for the President’s, Secretary-Treasurer’s, Executive Director’s and the Board Observer’s reports, and any other actions that required approval by the Association Board.

ACTION: Approved

AADA STRATEGIC DISCUSSION
Alternative Payment Models
Dr. Schwarzenberger reported on the Alternative Payment Models (APM) initiative on behalf of the Work Group on Innovation in Payments and Delivery. She introduced Mr. Bacher and Ms. De Sa from Healthsperien, a consulting firm that AADA has retained to advise on AADA’s APM policies and strategies. Mr. Bacher and Ms. De Sa noted the importance of AADA playing an active role in the APM discussions that are taking place in Washington. APM will be a critical component of quality-based payment reforms that will affect how dermatologists work and are paid in the future. They summarized the interactive approach they have taken and will take in developing recommendations for AADA in developing APM policies, positions, and initiatives.

Following the Healthsperien presentation, the Board discussed the work that the firm has done so far and the desire to continue working with them. The consensus was that Healthsperien has done good work so far, has been very creative in its approach, and has listened to the feedback they have received from the Work Group and others.

A motion was made and duly seconded to continue working with Healthsperien. The cost of their services has already been budgeted.

ACTION: Approved

Advisory Board Resolution: AADA014 (A-15)
CMS Mandates for Alternative Payment Models and/or value added payment models

RESOLVED, that the AADA make it a prioritized policy to oppose legislative and CMS mandates for the alternative payment models and/or value added payment models.
After discussion, a motion was made and duly seconded to refer this resolution to the Work Group on Innovations in Payment and Delivery.

**ACTION:** Approved

### AADA NEW BUSINESS

**Council on Government Affairs, Health Policy & Practice (GAHPP)**

Dr. Resneck asked Dr. Van Beek to give the report on the AADA’s advocacy agenda. She noted that each year the Board of Directors is presented, for approval, a recommended priority advocacy issues slate for the AADA for the coming year. She stated for the first time ever, the prioritization process involved a more precise ranking exercise that required members to weight each of the issues presented according to a point system. The following bodies participated in the ranking exercise:

- AADA Advisory Board
- Council on Government Affairs, Health Policy and Practice
- Congressional Policy Committee
- Health Care Finance Committee
- Patient Access and Payer Relations Committee
- Regulatory Policy Committee
- State Policy Committee

Dr. Van Beek discussed the agenda formation process in greater detail and presented the list of issues, which is set forth in the AADA Board Materials at p. 239. She stated that the final 2015 advocacy agenda will be used to guide decision-making and the allocation of resources during the year.

A motion was made and duly seconded to approve the 2015 Advocacy Agenda, including any amendments recommended by the Council on GAHPP from its March 21 meeting.

**ACTION:** Approved

### Confirmation of Secretary-Treasurer

Dr. Coldiron noted that the Secretary-Treasurers must be affirmed by every new AADA Board.

A motion was made and duly seconded to confirm Dr. Olbricht as Secretary-Treasurer and Dr. Mathes as Assistant Secretary-Treasurer for the 2015-2016 AADA Board of Directors term effective at the close of the 2015 Annual Meeting.

**ACTION:** Approved

### AADA Annual Organizational Resolution

Dr. Olbricht stated that this resolution, which is set forth at p.247 of the AADA Board materials, was a housekeeping matter that allows the officers and staff to transact business on behalf of the Association.

A motion was made and duly seconded to adopt the AADA Annual Organizational Resolution as presented.

**ACTION:** Approved
Advisory Board Resolutions

AB Resolution: AADA01 (A-15)
AADA to Help the Private Practitioners with Onerous EHR Regulations
RESOLVED, that the AADA work to relieve the burden of electronic health record (EHR) regulations for smaller practice dermatologists; and be it further

RESOLVED, that solutions, such as grandfathering or outright exception from these electronic health record (EHR) regulations for small private practice dermatologists and physicians, should be prioritized as part of the Academy’s formal position statement.

A motion was made and duly seconded to refer this resolution to the Electronic Health Records Implementation Task Force.

ACTION: Defeated

A motion was made and duly seconded to refer this resolution to the appropriate committee.

ACTION: Approved

AB Resolution: AADA02 (A-15)
Advocating Permanent Delay/Withdrawal of ICD-10

RESOLVED, that the American Academy of Dermatology/Association should prioritize permanent delay/withdrawal of the implementation of ICD-10.

A motion was made and duly seconded to reaffirm AADA’s current position on ICD-10 in lieu of adoption.

ACTION: Approved

AB Resolution: AADA03 (A-15)
The Increasing Price and Decreasing availability of Generic Medications and Their Effect on Dermatology

RESOLVED, that the American Academy of Dermatology should continue to aggressively investigate the reasons for the increasing price of generic medications and their limited availability to help inform the development of solutions to counteract the increasing prices and the lack of availability of generic medications.

A motion was made and duly seconded to adopt this resolution.

ACTION: Approved

AB Resolution: AADA04 (A-15)
Request Supervision of Retail Health Clinic Nurse Practitioners

RESOLVED, that the AAD/A oppose efforts to allow non-physician providers to practice any form of medicine independently; and be it further
RESOLVED, that the AAD/A advocate that non-physician providers practice under physician supervision preferably as employees of their supervising physician(s) especially when these non-physician providers are working in retail health clinics.

A motion was made and duly seconded to refer second resolved to the appropriate committee.

A friendly amendment was accepted to refer the second resolved to Derm Care Team Work Group.

**ACTION:** Approved

A motion was made and duly seconded to reject the first resolved.

**ACTION:** Approved

**AB Resolution:** AADA06 (A-15) Exempting Physician Office Laboratories from Present CLIA Rules

RESOLVED, that the AAD/A lobby Congress to repeal CLIA’88 or at least make physician office labs exempt from CLIA’88.

A motion was made and duly seconded to refer this resolution to the appropriate committee.

**ACTION:** Defeated

A motion was made and duly seconded to reaffirm AADA’s current policy on CLIA in lieu of accepting the resolution.

**ACTION:** Approved

**AB Resolution:** AADA07 (A-15) Termination of the CMS PQRS Reporting Program

RESOLVED, that the AADA lobby Congress to terminate the PQRS reporting program without penalizing physicians in any way.

A motion was made and duly seconded to reject this resolution and send information to the Advisory Board about AADA’s current policy on the PQRS program.

**ACTION:** Approved

**AB Resolution:** AADA09 (A-15) Recommending the patient safety and quality committee to issue a health advisory regarding the high sensitization rates to nickel in the USA and for mandatory national nickel directive to regulate the allowable release of nickel from products with prolonged skin contact to be consistent with the concentrations mandated in Europe, in the USA

RESOLVED, that the American Academy of Dermatology (AAD) take a lead role in reducing exposure to Nickel in the U.S. by way of the following:

1. Develop educational materials and prioritize a public campaign on the consequences of nickel exposure
2. Consider advocacy directed to nickel sensitization and allergy to be a high priority for the AAD.
3. Encourage industry to voluntarily reduce the use of nickel in products that contact the skin.

A motion was made and duly seconded to refer this resolution to the Patient Safety and Quality Committee to evaluate if a position statement on nickel is needed.

**ACTION:** Approved

**AB Resolution: AADA10 (A-15) Telemedicine and Dermatology**

RESOLVED, that "An in-person consultation with a dermatologist provides additional information on dermatological conditions that may not otherwise be obtainable by teledermatology alone;" and be it further

RESOLVED, that this sentence follow the sentence "While teledermatology is a viable option to deliver high quality care to patients in some circumstances, the Academy supports the preservation of a patient's choice to have access to in-person dermatology services."

A motion was made and duly seconded to reaffirm AADA's current Teledermatology Position Statement with respect to the issues raised in the resolution.

A motion was made and duly seconded to refer this resolution to the Teledermatology Task Force to reconcile differences in current position statement and the resolution.

**ACTION:** Approved

**AB Resolution: AADA12 (A-15) Changing Section 4B of the Position Statement on Pathology Billing**

RESOLVED, that the AAD should rewrite the position statement on pathology billing, which includes CPT pathology codes 88304 and 88305, with language that more accurately reflects the current situation; and be it further

RESOLVED, that the AADA modify the position statement language so observers do not misinterpret it or use it to determine what is ethical behavior with consideration to remove the last two sentences of 3A and all of section 4.

A motion was made and duly seconded to refer this resolution to the appropriate committee.

Several Board members noted that AAD/A has a clear policy on pathology billing.

After further discussion, the motion to refer was withdrawn, and a motion was made and duly seconded to reject the resolution because AAD/A has a clear policy addressing the pathology billing issue.

**ACTION:** Approved

**AB Resolution: AADA14 (A-15) Encourage Third Party Payers to have Patient Deductibles Run with the Policyholder’s**
Birthday Month Rather than the Calendar Year

RESOLVED, that the AAD delegates to the AMA introduce a resolution asking that AMA policy be that the AMA supports deductibles that run with a primary policyholder’s birthday month rather than calendar year and that the AMA encourages state societies to pursue the same at the state level.

A motion was made and duly seconded to reject this resolution because it is practically infeasible for payors to base beneficiary on deductibles on birth month rather than calendar year.

A motion was made and duly seconded to refer this resolution to the appropriate committee.

ACTION: Defeated

ACTION on motion to reject: Approved

ADJOURNMENT
There being no further business, Dr. Coldiron adjourned the AAD Association Board of Directors Meeting at 12.35 PM (PDT) on Monday March 23, 2015.

Respectfully Submitted,

Suzanne M. Olbricht, MD, FAAD
Secretary-Treasurer